09/895 495										
Application or Docket Number										
D-1535										
LL ENTITY OTHER THAN OR SMALL ENTITY										
TE	FEE		RATE	FEE						
C FEE	355.00	OR	BASIC FEE	710.00						
9=		OR	X\$18=							
-0	10	OR	X80=							
35=		OR	+270=							
TAL	395	OR	TOTAL							
OTHER THAN ALL ENTITY OR SMALL ENTITY										
NTE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
9=		OR	X\$18=							

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 D - 1535												
CLAIMS AS FILED - PART I. (Column 1) (Column 2)						SMALL ENTITY OTHER T					•	
TOTAL CLAIMS		20					RATE		1	RATE FEE		
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20= *		•		X\$	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS				٠	1	X44)=)=	4)	OR	X80=	7.	
MULTIPLE DEPENDENT CLAIM PRESENT									40			
t Make difference in column 1 is less than your anter 100 in column 2						+13	_	4 02	OR	+270=	,	
* If the difference in column 1 is less than zero, enter "0" in column 2 $1/-22-04$						TOT	AL	395	OR	TOTAL		
CLAIMS AS AMENDED - PÁRT II (Column 1) (Column 2) (Column 3)							SMA	ALL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 20	Minus	. a	0	=	X\$	9=		OR	X\$18=	
AME	Ind pendent	. 4	Minus	••• •	9.	=/	X4	0=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM BEST AVAILABLE COPY						+13	5=		OR	+270=		
DEO! MANIENDEE OO!								OTAL		OR	YOYAL ADDIT, FEE	
		(Column 1)	·	_(Colu	mn 2)	(Column 3)	ADDIT.	FEE			ADDIT. PEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	. RA	ΓE	ADDI- TIONAL FEE .		RATE	ADDI- TIONAL FEE
Š	Total		Minus			=	X\$	9=	,	OR	X\$18=	
ME	Ind pendent	•	Minus	***		= .	X4	0=.		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		40	F			+270=	
	•						+13	OTAL		OR	+270= TOTAL	
							ADDIT		<u> </u>	OR	ADDIT. FEE	
_	· -	(Column 1) CLAIMS			mn 2) IEST	(Column 3)			4001			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA	RA'	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	• .	Minus	••		=	X\$	9=		OR	X\$18=	
ME	Independent	griss see a ma	Minus	***		п	X40)=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM							
* If the entry in column 1 is less than the entry in column 2, writ *0" in column 3.										+270=		
" If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												